



AFFIDAVIT OF MAILING

Please read instructions on reverse side prior to completion of this form.

Account No. ______ Business Name _____

l,				, declare that	on		
		(Print Name)				(Date)	
I mailed t	the following do	cument(s):					
			of Wages and With	•	•	ousehold Workers,	for quarter
	DE 3D, Quarte	erly Contributio	n Return (Voluntar	y Plan), for quart	er ending _		
	DE 3HW, Ann	ual Payroll Tax	Return for Employ	er of Household	Workers, f	for year ending	
	DE 6, Quarter	ly Wage and V	/ithholding Report,	for quarter endin	g		
	☐ Magne	tic Tape	☐ Paper				
	DE 7, Annual	Reconciliation	Statement, for the	year			
	DE 88, Payrol	l Tax Deposit,	for payroll period e	nding			
	Check No		Date			Amount	
	Other						
by placin	g them in the U	nited States m	ailbox / post office	located at:			
	uments were co nent Developme			with postage full	y prepaid a	and properly addres	ssed to the
I declare	under penalty	of perjury th	at the foregoing is	s true and corre	ct.		
Executed	l at	(City)	,	(State)	on	(Date)	
(Signatu	ure and title of perso	on who mailed the	document[s].)				
	(Busine	ess Address)					
(City)		(State)	(ZIP Code)				
()							

(Business Phone)

Instructions for Completion of Form DE 2251A, Affidavit of Mailing

AFFIDAVIT OF MAILING Please read instructions on reverse side prior to completion of this form. Account No(1)			I OF MAILING	AFFIDA		
Business Name (2)				ida mulau ta a.		aa waad laaduu adl
mailed the following document(s): DE 3BHW, Quarterly Report of Wages and Withholding for Employer of Household Workers, for quaending			•	•		
mailed the following document(s): 4) DE 3BHW, Quarterly Report of Wages and Withholding for Employer of Household Workers, for quaending		(3)			-	
DE 3BHW, Quarterly Report of Wages and Withholding for Employer of Household Workers, for quaending		(Date)			(Print Name)	
ending						_
DE 3HW, Annual Payroll Tax Return for Employer of Household Workers, for year ending DE 6, Quarterly Wage and Withholding Report, for quarter ending Magnetic Tape Paper DE 7, Annual Reconciliation Statement, for the year DE 88, Payroll Tax Deposit, for payroll period ending Check No. (5) Date Amount Other Other Other Op placing them in the United States mailbox / post office located at: (6) The documents were contained in (a) sealed envelope(s) with postage fully prepaid and properly addressed to Employment Development Department (EDD). declare under penalty of perjury that the foregoing is true and correct. Executed at (7) On (City) (State) (Date) (8) (Signature and title of person who mailed the document[s]) (Business Address)	kers, for quarte					
DE 6, Quarterly Wage and Withholding Report, for quarter ending		iding	ry Plan), for quarter en	Return (Volun	rterly Contribution	☐ DE 3D, Qua
Magnetic Tape	ng	kers, for year ending	yer of Household Worl	Return for Emp	nual Payroll Tax	☐ DE 3HW, Ar
Magnetic Tape			, for quarter ending	hholding Repo	erly Wage and W	☐ DE 6, Quarte
DE 88, Payroll Tax Deposit, for payroll period ending Check No(5) Date Amount						
Check No Date Amount			year	tatement, for t	I Reconciliation S	DE 7, Annua
Other			ending	r payroll period	oll Tax Deposit, fo	☐ DE 88, Payr
Other		Amount		Date	(5)	☐ Check No.
y placing them in the United States mailbox / post office located at: (6) The documents were contained in (a) sealed envelope(s) with postage fully prepaid and properly addressed to imployment Development Department (EDD). declare under penalty of perjury that the foregoing is true and correct. Executed at						_
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The documents were contained in (a) sealed envelope(s) with postage fully prepaid and properly addressed to Employment Development Department (EDD). declare under penalty of perjury that the foregoing is true and correct. Executed at				ibox / post oili	Officed States file	acing them is the
comployment Development Department (EDD). declare under penalty of perjury that the foregoing is true and correct. Executed at						
(City) (State) on (Date) (Signature and title of person who mailed the document[s].) (Business Address) (City) (State) (ZIP Code)	addressed to the	paid and properly addres	with postage fully prep			
(8) (Signature and title of person who mailed the document[s].) (Business Address) (City) (State) (ZIP Code)			s true and correct.	the foregoing	ty of perjury tha	lare under penal
(8) (Signature and title of person who mailed the document[s].) (Business Address) (City) (State) (ZIP Code)			, on		(7)	uted at
(Signature and title of person who mailed the document[s].) (Business Address) (City) (State) (ZIP Code)		(Date)	(State)		(City)	-
(City) (State) (ZIP Code)				ocument[s].)	(8) rson who mailed the o	gnature and title of pe
(City) (State) (ZIP Code)					ness Address)	(Rusi
						,
(Business Phone)				(ZIP Code)		
					iness Phone)	
P.O. Box 826880 • Sacramento CA 94280-0001						
DE 2251A Rev. 16 (6-03)		NO1	acramento CA 94280-00). Box 826880 •	Pú	

NOTICE: This form will not be processed unless it is accurately completed according to the following instructions:

- (1) Enter 8-digit EDD account number and the business name as registered with the EDD.
- (2) Enter person's name who will sign the affidavit and who actually deposited envelope in the United States mail.
- (3) Enter date envelope was deposited in the United States mail.
- (4) Check appropriate box(es) and enter period covered by document mailed.
- (5) Enter check number or warrant number (not federal reserve or bank number), date and amount.

- (6) Enter exact location of United States mailbox or United States post office branch where envelope was deposited.
- (7) Enter City, State, and date affidavit was signed.
- (8) Signature and title of person signing under penalty of perjury, address of business and telephone number, including area code of business.

Please mail this form to the address shown on the correspondence which accompanied this form or the address shown on your Employer Account Statement.